

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

|            | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|------------|----------|-----|---------------------|-----|---------------------|-----|
|            | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1          |          |     |                     |     |                     |     |
| 2          |          |     |                     |     |                     |     |
| 3          |          |     |                     |     |                     |     |
| 4          |          |     |                     |     |                     |     |
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| 50         |          |     |                     |     |                     |     |
| TOTAL IND. |          |     |                     |     |                     |     |
| TOTAL DEP. |          |     |                     |     |                     |     |

|            | IND | DEP | IND | DEP |
|------------|-----|-----|-----|-----|
| 51         |     |     |     |     |
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| 98         |     |     |     |     |
| 99         |     |     |     |     |
| 100        |     |     |     |     |
| TOTAL IND. |     |     |     |     |
| TOTAL DEP. |     |     |     |     |